



Phone: 210.467.5174 | Fax: 210.467.5184

Patient Name: _____ DOB: _____ Address: _____ City: _____ State: ____ Zip: ____ Phone: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Allergies: _____ ** All prescriptions are intended for prescribed patient**	Office Name: _____ Address: _____ City: _____ State: ____ Zip: ____ Phone: _____ Fax: _____
---	---

<input type="checkbox"/> Leuprolide Acetate: 2-week, kit- 1mg/0.2ml vial Include 10 additional ½-cc insulin syringes. Dispense #1 vial _____ No Refill Sig: Inject 5-20 units SQ QD as directed by MD.	<input type="checkbox"/> Ovidrel: 250mcg Dispense# _____ Refill# _____ Sig: Inject contents SQ as directed.
<input type="checkbox"/> Gonal-F RFF Redi-Ject: 900 IU (dose range 75-450 IU SQ QD) Pens ____ Refills ____ Sig: Inject 75-450SQ as directed by MD.	<input type="checkbox"/> Pregnyl 10000 U Dispense #1 _____ Refill# _____ Sig: Mix 1ml diluent with HCG powder, inject SQ as directed. Please include #2 22G 1 ½ needles, 3cc syringes to mix and 30G ½ inch needles to inject.
<input type="checkbox"/> Gonal-F RFF Redi-Ject: 300 IU Pens ____ Refills ____ Sig: Inject 75-450SQ as directed by MD.	<input type="checkbox"/> Crinone 8% Gel Dispense # _____ Refills# ____ Sig: Insert medication vaginally _____
<input type="checkbox"/> Follistim AQ Cartridge for Follistim Pen: _____300IU Cartridges _____600IU Cartridges _____800IU Cartridges Sig: Inject 75-450IU SQ QD as directed by MD Refill# _____	<input type="checkbox"/> Endometrin 100mg tab Dispense # _____ Refills# _____ Sig: Insert medication vaginally _____
<input type="checkbox"/> Ganirelix Prefilled Syringe: 250mcg Dispense # _____ Refill # _____ Sig: Inject contents SQ QD as directed by MD.	<input type="checkbox"/> Progesterone in oil 50mg/ml, 10ml vial Dispense# _____ Refill# _____ Sig: Insert ____mg IM daily as directed by physician.
<input type="checkbox"/> Cetrotide: 0.25mg vials with prefilled Syringe Dispense# _____ Refill# _____ Sig: Mix and Inject contents SQ QD as directed by MD.	<input type="checkbox"/> Dexamethasone 0.5mg tab Dispense # _____ Refill# ____ Sig: Take two pills PO at bedtime when stimulation starts
<input type="checkbox"/> Menopur 75IU: Dispense# _____ Refill# _____ Sig: Mix and Inject 75-300IU SQ as directed by MD. Include ____ 22G 1 ½ needles and 3 cc syringes to mix and 30G ½ needles to inject.	<input type="checkbox"/> Femara: 2.5mg tab Dispense # _____ Refill# _____ Sig: Take ____ mg daily
<input type="checkbox"/> Omnitrope: 5mg vials Dispense# _____ Refills _____ Sig: inject 25 UNITS SQ daily as directed Please include 12 ½ cc U 100 insulin syringes.	<input type="checkbox"/> Clomid: 50mg tab Dispense# _____ Refill# _____ Sig: Take ____mg Daily
<input type="checkbox"/> Estradiol Valerate- <input type="checkbox"/> 10mg/ml <input type="checkbox"/> 25mg/ml <input type="checkbox"/> 40mg/ml Dispense# _____ Vials Refills _____ <input type="checkbox"/> 1cc Syringe QTY _____ Refills _____ <input type="checkbox"/> 18g 1 ½ needle (to withdraw med) Qty _____ Refill _____ <input type="checkbox"/> 23g 1 ½ needle (to inject medication) QTY _____ Refill _____ Sig: Inject ____ml Q ____ day(s) IM (____ days)	<input type="checkbox"/> Estradiol: 2mg tab Dispense# _____ tablets Refills# _____ Sig: Take as directed (up to 4 tabs po daily as directed by MD)
<input type="checkbox"/> Sharps Package: Sharps disposal unit, alcohol wipes, gauze, Disposal instructions, etc.	

Prescriber Name: _____ DEA# _____ NPI# _____ Supervising Physician _____	Prescriber Signature: _____ Date: _____ DEA# _____
--	--